

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584046

FILING DATE

4-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		5				
6		5				
7		5				
8		5				
9		5				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	3					
23	12					
24	12					
25	12					
26	12					
27	12					
28	12					
29	1					
30	1					
31	1					
32	1					
33	1					
34	5					
35	5					
36	5					
37	12					
38	12					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	3					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60						
61						
62	1					
63						
64	1					
65	1					
66	3					
67	1					
68	1					
69						
70						
71						
72	3					
73						
74						
75						
76						
77						
78						
79						
80						
81						
82	1					
83						
84						
85						
86						
87						
88						
89						
90						
91						
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						